



**Town of Reading**  
16 Lowell Street  
Reading, MA 01867

Fax: (781) 439-6018  
Website: [www.ci.reading.ma.us](http://www.ci.reading.ma.us)

**Administrative Services**  
**Human Resources**  
781-942-9033

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## **CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The TOWN OF READING is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the TOWN OF READING to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the TOWN OF READING with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The TOWN OF READING may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the TOWN OF READING must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Department \_\_\_\_\_

☐ Volunteer

☐ Full-Time

Position \_\_\_\_\_

☐ Seasonal

☐ Part-Time

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



SUBJECT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ft. \_\_\_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
ID Type

\_\_\_\_\_  
ID Number and Expiration Date

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee